



Vision Service Plan Enrollment and Change Form

Plan Available to:

FACE, Confidential, FAME, PETA, Unrepresented Management Employees,
City Attorney and City Manager

Vision Service Plan (VSP) is a **voluntary** insurance plan that provides benefits for eye care coverage.
See reverse side of this form for plan details.

☐ **NEW ENROLLMENT**

☐ **CHANGE COVERAGE**

Add dependent(s)

Delete dependent(s)

PLAN OPTIONS:

_____ High Plan Option

_____ Standard Plan Option

_____ Waive Coverage*

Coverage Level – High Plan Option	Coverage Level – Standard Plan Option
<input type="checkbox"/> Employee only = \$11.89	<input type="checkbox"/> Employee only = \$8.16
<input type="checkbox"/> Employee + 1 = \$17.04	<input type="checkbox"/> Employee + 1 = \$11.62
<input type="checkbox"/> Employee + family = \$30.21	<input type="checkbox"/> Employee + family = \$20.48

**If waiving coverage, I understand I will not be eligible to enroll again until the next annual open enrollment period.*

Effective Date: _____

Employee Name: _____ Social Security No.: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Bargaining Unit _____

***Please complete the following for each dependent you are enrolling in the plan:**

Dependent: _____ Relationship _____ Date of Birth: _____

Dependent: _____ Relationship _____ Date of Birth: _____

Dependent: _____ Relationship _____ Date of Birth: _____

Dependent: _____ Relationship _____ Date of Birth: _____

Signature _____ Date _____

Note: Enrollment in VSP signifies agreement to remain in the Plan for one year unless you leave employment with the City.

Please call the Benefits Hotline at 494-4671 if you have any questions about this form.